

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPLICATION
FOR
REINSTATEMENT

FILED
99 OCT 28 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41588

1. Corporation Name
TOWN & COUNTRY MOBILE HOME OWNERS ASSN., INC.

Principal Place of Business Mailing Address
410 TOWN & COUNTRY BLVD 410 TOWN & COUNTRY BLVD
SEBRING FL 33872 SEBRING FL 33872
US US



2/26/09 90023086 \$61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc | | 01/04/1991 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | 50-3087456 | |
| Country | | Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75. Additional Fee required for a Certificate of Status. | |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|--------------------------------------|---|-----------------------|
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
| P | KNOPF, ELEANOR | 300 TOWN & COUNTRY BLVD | SEBRING FL 33872 |
| P | WEIR, CHARLES R | 410 TOWN & COUNTRY BLVD | " " " |
| VP | GEORGE, MARGET | 400 SPRINGTIME DR | SEBRING FL 33872 |
| VP | Byr Jm, Richard | 311 Springtime Dr | " " " |
| T | PINE, DOROTHY | 524 TOWN & COUNTRY BLVD | SEBRING FL 33872 |
| X | HERVEY, WINIFRED | 300 SPRINGTIME DR | SEBRING FL 33872 |
| TR | DUPREE, ARTHUR | 212 WOODBINE DR | SEBRING FL |
| S | ENDS, JACK | 804 WOODBINE 33872 | SEBRING FL |

| | | | |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| PRUDY, ANN 204 SPRINGTIME DR SEBRING FL 33872 | | Name Charles R. Weir, Jr Street Address (P.O. Box Number is Not Acceptable) 410 TOWN & COUNTRY BLVD Suite, Apt. #, Etc. City Sebring State FL Zip Code 33872 | |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *Charles R. Weir* Date: 10/21/99
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. All fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Charles R. Weir* Date: 10/21/99 Daytime Phone #: 863-471-1436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/99)

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**TOWN & COUNTRY MOBILE
HOME OWNERS ASSOCIATION, INC.**

**410 Town & Country Blvd.
Sebring, FL 33672-7506
Phone (863) 471-1436
e-mail: phumbob@strato.net**

October 21, 1999

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Att.:Ms. Katherine Harris, Secretary of State

Dear Ms. Harris;

Enclosed please find the form for reinstatement for the "Town & Country Mobile Home Owners Assn., Inc."

The fee of \$61.25 has already been submitted and the check cashed.

Your cooperation in this matter is greatly appreciated.

Thank you again.

Respectfully



Charles Weir
President